

FFY 2023 GRANT APPLICATION



Idaho Transportation Department
Office of Highway Safety

Instructions:

This application consists of three sections: section 1-application information and signature, section-2 grant narrative, section-3 grant budget. Please complete each section. An incomplete application will not be considered. Submit application via mail or e-mail. Application deadline is 5:00 pm MST, Friday, February 28, 2022. Mail to: ITD Office of Highway Safety, PO Box 7129, Boise, ID 83707-1129. E-mail to: ohsgrants@itd.idaho.gov.

SECTION 1 – Applica	ition Information							
Agency Name								
Agency Address								
Agency Type	Law Enforcement		FEIN Tax ID Number	enter text				
0 , ,,	State Agency							
	Non-Profit		UEI Unique Entity Identifier	enter text				
	Local Agency		,					
Primary Contact (The agency contact with signing authority)								
Name and Title								
Address								
Address								
E-mail			Phone Number	enter text				
Grant Manager Contact (Responsible for managing the everyday activities of the grant.)								
Name and Title								
Address								
E-mail			Phone Number	enter text				
Primary Contact Signature								
		Г						
Grant Manager Signature								

SECTION 2 – Grant Narrative

A. Project Focus					
Select a project focu	us area, check all of	the areas that	apply.		
Check all areas	Impaired Driving		Aggressive Driving		
that apply.	Distracted Driving		Occupant Protection		
11 /	Youthful Drivers		Child Passenger Safety		
	Motorcycle		Other		
	Bicycle/Pedestrian				
B. Agency Need St	atement				
		ta to support th	he goal. Describe and doo	cument the problem/need.	
	•		-	ars analysis, <u>ITD crash data</u>	
	· ·		he research analyst princi		
Kelly.campbell@itd.	•				
C. Grant Planned	•				
		-		grant and how the project will	
		include activit	ties, events, enforcement	and outreach. Provide a	
timeline. (Not to ex	ceed 3 pages.)				
D. Assessment and	d Performance Eval	uation			
Describe how you w	ill evaluate the perf	formance of th	e grant. Describe what ty	pe of data you intend to collect	Į.
-	•		-	ogress of your project and if	
the agency met its g					
E. Attachments	_	_	_		
	-		e beneficial to your projec	t. Attachments are not	
required but ac	cepted. Please keep	o your docume	ntation to a minimum.		

SECTION 3 – Project Budget

In this section, please describe in as much detail as possible the cost/expenses associated with the proposed project. Identify how your agency will provide matching funds. Any funds you claim as match cannot be federal dollars. Matching Funds may include salaries of individuals working on the project, mileage incurred while working on the project, training provided, office supplies or any other in-kind or matching funds. You do not have to show match in each category but your total match must be at least 25% of the total amount you are requesting for the project.



Grant Application BUDGET Worksheet

Idaho Transportation Department Office of Highway Safety

Agency: Project Title: **BUDGET** Local Match **Grant Funded** PERSONNEL COSTS (HS H901) **Subtotal Personnel Costs** \$0.00 \$0.00 TRAVEL (HS H902) ID state rate = .56 per mile Subtotal Travel \$0.00 \$0.00 **CONTRACTUAL SERVICES (HS H903) Subtotal Contractual Services** \$0.00 \$0.00 **CONSUMABLES (HS H904) Subtotal Commodities** \$0.00 \$0.00 **DIRECT COSTS (HS H905) Subtotal Other Direct Costs** \$0.00 \$0.00 **INDIRECT COSTS (HS H906) Subtotal Indirect Costs** \$0.00 \$0.00

GRANT REQUEST TOTAL

\$0.00

\$0.00